



## City of San Antonio Animal Care Services

4710 State Highway 151

San Antonio, TX 78227

[www.saacs.net](http://www.saacs.net)

[www.SAlicenseyourpet.com](http://www.SAlicenseyourpet.com)

(210) 207-4PET

# Rescue Application

## General Information

Name of Organization: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Information (list all): \_\_\_\_\_

Please list all group principles and \_\_\_\_\_

Note how long each person has been \_\_\_\_\_

Involved in animal placement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has your organization been involved in animal placement? \_\_\_\_\_

What species of animals do you specialize in? \_\_\_\_\_

What breeds do you specialize in? \_\_\_\_\_

Are you a ☐ Non-profit? ☐ IRS 501? ☐ Corporation?

If not, what type of organization are you? \_\_\_\_\_

Please describe services you provide:

☐ Placements in permanent homes

☐ Transfers (if yes, please attach description of transfer program)

☐ Lifetime care

**Please attach:**

1. Mission statement (if you have one)
2. Three letters of reference: 1 veterinarian, two others (e.g. adopters / donors/ financial backers/humane organizations)

## Capacity

How many animals you plan to transfer from ACS in the next year? \* \_\_\_\_\_

How many animals do you plan to maintain in your group's possession on average? \_\_\_\_\_

How long (on average) does an animal stay in your group before adopted? \_\_\_\_\_

How much do you plan to spend in each animal on average? \_\_\_\_\_

\*Estimate only. Actual number of animals transferred per year will allow for increases and decreases in the number of foster homes.

## Behavior Program

All animals will have a behavior evaluation prior to departing the shelter. Please indicate who will be completing the behavior exams for your organization:

Representative from your group      ACS Staff      hired professional

Describe how you will ensure that each animal will receive the appropriate levels and types of exercise, environmental enrichment, human interaction, socialization and training.

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Is your organization planning on taking animals with serious behavior problems? Yes      No

If no, skip to the medical section.

If yes, what serious behavior issues are you/is your organization prepared to handle?

serious housebreaking   serious litter box   serious leash walking   excessive barking   fearful behavior  
early socialization (feral/taming)   separation anxiety   phobias   aggression.

**Please attach:**

A description of the behavior plan for the serious behavior issues you are willing to handle.

## Medical Program

Please list the veterinarian(s) you work with (including specialists):

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Please describe the routine veterinary care all animals will receive when transferred to your group and describe your wellness check protocol:

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Please list the medical issues your organization is prepared to handle:

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Do you require all of your animals to be neutered prior to placement? Yes No

If not, describe when you place intact animals:

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If not, what measures do you take to ensure your animals have been neutered after placement?

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**Please attach:**

- 1) A copy of your disease and illness prevention procedures.
- 2) Describe how you segregate animals by species, size, age, litters, and owned animals.
- 3) Your “contingency” plan (plan for placement of animals in event of death, injury, financial disaster, dissolution of group).

## Foster Program

How many active foster homes do you currently have?\*

\* Estimate only, actual number of animals transferred per year will allow for increases and decreases in the number of foster homes.

What is the maximum number of animals that you will allow in a foster home (including resident and foster animals)? \_\_\_\_\_

Do you inspect your foster homes? Yes No

If yes, how frequently? \_\_\_\_\_

Do you train fosters? Yes No

If yes, describe briefly: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any foster home that currently exceeds the ACS recommended guidelines of 10 animals per site. Please provide name, address and contact information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Please attach (required):**

1. Foster application
2. Foster contract

### **Please attach (if available):**

- 1) A description of your foster home screening process
- 2) Your foster home inspection process
- 3) Your foster training program (including training about your group and on ACS procedures)
- 4) Any written forms related to your foster program.
- 5) Foster record keeping method

ACS recommends including the following information in your foster database:

Name, address, contact information, date of inspections, training completed, current inventor (owned and foster)

## Adoption Program

### Please attach:

A description of how you promote your animals. Describe all relationships with retailers (e.g. Petsmart), when and how do adopters interact with your animals.

A description of your adoption screening process. Include a description of your screening process, policy on home visits, counseling provided to adopter, and transfer of ownership procedures.

A description of your adoption follow-up program. Include how often you follow up with adopters and how long you follow up with adopters. Do you provide any post-adoption support?

Examples of your adoption application/agreements.

Inventory record keeping method ACS recommends including the following info in your data base:

Animal ID, date acquired, behavior notes, medical notes (to include neuter status) outcome date, type of outcome, address related to outcome, follow-up contact.

Fee schedules for adopters

## Designated Transfer members

Please list all of the volunteers or staff members and their contact information that you have designated to pick up and transfer animals for you organization. If names need to be added or deleted from this list it is the responsibility of the rescue organization to update the list as necessary. Animals will not be released to individuals not on the list.

1: Name and Telephone number:

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2: Name and Telephone number:

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3: Name and Telephone number:

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4: Name and Telephone number:

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**Name:**

\_\_\_\_\_  
Please Print

**Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_